



Request for Proposals (RFP) – Attachment U – Oral Presentation Guidelines

Support Maryland Health Benefit Exchange to Implement the Affordable Care Act (ACA)

Maryland Health Benefit Exchange (Exchange)

SOLICITATION NO. EXCHANGE – (DHMSO294031)

Issue Date: December 7, 2011

NOTICE

Prospective Offerors who have received this document from the Exchange's web site or eMarylandMarketplace.com, or who have received this document from a source other than the Procurement Officer, and who wish to assure receipt of any changes or additional materials related to this RFP, should immediately contact the Procurement Officer and provide their name and mailing address so that addenda to the RFP or other communications can be sent to them.



ATTACHMENT U – ORAL PRESENTATION GUIDELINES

Offerors must confirm in writing any substantive oral clarification of their proposals made in the course of the oral presentation. Any such written clarification then becomes part of the Offeror's proposal and is binding if the Contract is awarded. The Procurement Officer will notify Offerors of the time and place of oral presentations. Oral presentations are tentatively scheduled for the week of January 2, 2012.

Offerors are to demonstrate their capability / functionality in the context of achieving the Scenarios provided by the State. The Scenarios are included in subsequent sections of this attachment and serve as a representative sample of the requisite capability / functionality the Exchange anticipates the HIX supporting. The Scenarios are by no means all inclusive of the requirements included in the RFP nor do they depict all of the traits of the anticipated user community. Offerors are to provide their own hardware/software and will not have access to any State supplied equipment with the exception of a projector. Any software / application will need to be installed on the Offerors equipment. In addition, Offerors are responsible for populating their demonstrations with sample data as the Exchange will not provide such data. All demonstrations must abide by all security and compliance regulations stated within the RFP.

Offerors will be given three and a half (3.5) hours for their oral presentations. This time includes any necessary set-up and break-down time associated with the Offerors HIX solution. The Exchange is not responsible for nor will grant additional time for any technical difficulties / interruptions that may occur during the oral presentation on behalf of the Vendor. The following items will be provided by the Exchange:

- Projector
- Wired or Wi-Fi connection

During the oral presentation, additional questions of the Offeror's HIX solution capability / functionality, other than those supporting the attached Scenarios, may be asked by attendees.

A suggested schedule for the Oral Presentation is below:

- 15 minute set-up
- 45 Minute Introduction

The introduction should include, but is not limited to:

- Corporate background for prime contractor and partners including each entity's role, relevant experience, and how Exchanges fit into their business model / corporate strategy
 - Introduction of key personnel (offerors are limited to a total of 10 individuals for their presentations inclusive of other non-key corporate representatives)
 - Overview of the Offerors technical architecture: major technical components of the solution including underlying DBMS, software components for business logic programming, security, workflow, messaging, presentation layer, etc.
 - Overview of the Offerors SDLC process and tools
 - Discussion of hosting solution and business model inclusive of the process for COTS product changes and options for migrating to State-based facilities and operations over time
- 2 Hour Demonstration

Offerors will demonstrate their solution's capability via the scenario's outline within this attachment.



- 30 Minute Q&A

To facilitate evaluation, it is important that the oral presentations follow the Scenarios included in this Attachment. Based on the limited time for the presentations and the number of Scenarios, Offerors are responsible to manage their time. The expectation is that the Offerors will complete the demonstration Scenarios, in their entirety. During the presentation, the Offeror should stipulate any steps that the solution cannot perform, and then resume with the next step.

The Offeror should make reasonable judgments about the level of detail to include, and by what process to proceed, while covering each Scenario. The Exchange expects that each Scenario item will be individually addressed, with the Offeror identifying the item. The Offeror should also make every effort to demonstrate items in the same order in which they appear in the Scenarios. Any changes to the order of the Scenarios should be indicated.

The expectation is that each Offeror will provide a demonstration of an integrated solution. This means if certain transactions affect information in another module or trigger another transaction elsewhere in the system, the Offeror should demonstrate the integration of the modules.

The solution used in the demonstration must be the same as that included in the response to the RFP. If certain requirements described in these Scenarios are provided by third-party software as part of the Offerors solution proposal, the Offeror is expected to demonstrate the third party product and so indicate during the demonstration. Only products included in the Offerors proposal should be used in the demonstration.

In addition to demonstrating the attached Scenarios, the Offerors solution will also be evaluated on the following:

Technical Capability	Functional Capability
<input type="checkbox"/> Data Dictionary / Master Data Index	<input type="checkbox"/> Third party products shown and demonstrated
<input type="checkbox"/> Saving / Account Creation & Retrieval	<input type="checkbox"/> Account Administrative Tools (Creation, Deletion, and Management of Account)
<input type="checkbox"/> Configurability of System / Application	<input type="checkbox"/> Rules Engine
<input type="checkbox"/> Response Time	<input type="checkbox"/> Error Handling
<input type="checkbox"/> Technical Architecture	<input type="checkbox"/> Demonstration of an integrated solution
<input type="checkbox"/> Ability of the solution to handle the business and technical requirements	<input type="checkbox"/> How well the solution meets future needs of the Exchange
<input type="checkbox"/> Database, Application, and Presentation Layer	<input type="checkbox"/> Audit Log Functionality
<input type="checkbox"/> Printing	<input type="checkbox"/> Quality of User Experience
<input type="checkbox"/> Flexibility, Tailorability, and Extensibility of the solution	
<input type="checkbox"/> Analytics or Specialized Tools for Customization	
<input type="checkbox"/> User Access Reset	



Technical Capability	Functional Capability
<input type="checkbox"/> Carrier Integration	
<input type="checkbox"/> Data Level Security Capabilities	
<input type="checkbox"/> Table Update Functionality	
<input type="checkbox"/> Security and Identity Management	
<input type="checkbox"/> Database, Application, and Presentation Layer	

U-1: Scenario 1 - Francia Family in Need of Coverage [Actor: Individual/Family]Household

Mirna Francia lives with her husband, Carlos, and three children:

- Grace, 11-years old, Mirna's child from an earlier marriage to Alec Smith
- Cecelia, 3-years old
- Sammy, 1-year old

Employment & Income*

- Mirna has an office job that pays \$2,000 per month
- Carlos works part-time in construction making around \$1,200 per month, but is currently between jobs. He is expecting to be re-hired in about a month.
- Alec Smith makes \$4,000 a month, pays Mirna \$200 a month in child support, claims Grace as a dependent on his tax form

Citizenship Information

Mirna and all three children are citizens. Carlos is a lawful resident who entered the country in 2008

Insurance Coverage

No one in the family has coverage. Mirna's job offers a plan that will cover her, but she has not taken up the offer because it costs \$360 per month

Health Status

Mirna has diabetes and feels strongly about continuing to see her doctor and maintain her medications. Carlos, Grace and Cecelia are healthy and Sammy has some significant developmental delays.

Questions

- How would you help the Francia family to secure coverage?
- What information would you gather to help this family assess its eligibility for affordability programs? How would you gather it?
- How would you verify the information?



- How would you help the Francias select health plans compatible with their priorities and needs?
- How would you carry out enrollment of the Francias into health coverage?
- How would you help the Francias pair their health plans with dental or other ancillary coverage?
- How would you protect the privacy and security of the information that the Francias provide?
- How would you interact with other entities (issuers, DHMH, DHR, employers) to gather and share enrollment information on the Francias?
- What tools would you offer to allow the Francias to update information on their circumstances over time, such as when Carlos gets a job or if there is a new addition to the family?
- What notices would you anticipate providing to this family over the course of its efforts to find, enroll in and use health care coverage? What would they look like and how would you provide them?
- Assuming the Francias secure health coverage, what does next year's renewal process look like to them?
- While not part of Phase 1a of the RFP, please illustrate how you might help the Francias secure assistance for other benefit programs later phases (e.g., SNAP, child care costs)

**** In addressing this scenario, please make sure to demonstrate your interface and workflow for Medicaid/CHIP eligibility, Exchange coverage, and advance premium tax credits/cost-sharing reductions.***

The Exchange recommends that Offerors treat the questions as a guide to the kinds of functionality the Exchange is looking for Offerors to illustrate during the oral presentation. Offerors are not obligated to answer all of them, nor are Offerors limited to addressing only the questions above.



U-2: Scenario 2 - Louise Brooks, a Case Worker [Actor: Case Worker]

User

Louise Brooke works with limited English proficiency families in securing and keeping coverage. One of her families, the Smiths, are a married couple with two children. They receive an advance premium tax credit to buy coverage, but Mr. Smith recently lost a job and now the family can't make its premium payments.

Questions

- In general, what tools would the HIX provide to Louise to track and manage the Smiths' and her other cases?
- What would her "screen" look like and how would it vary from the screen with which individual users interact with the Exchange?
- How would Louise gain access to the Smiths' account? What security requirements would she need to meet?
- What information would be available to Louise on her caseload as a whole?
- What kinds of reminders would the HIX provide to Louise to help her track and manage cases over time?
- What if the Smiths get a divorce? What tools will be available to help Louise split the case into two?

The Exchange recommends that Offerors treat the questions as a guide to the kinds of functionality the Exchange is looking for Offerors to illustrate during the oral presentation. Offerors are not obligated to answer all of them, nor are Offerors limited to addressing only the questions above.



U-3: Scenario 3 – HealthRite Corporation [Actor: Insurer]

Background

HealthRite is an issuer that already offers QHPs on the Exchange and Medicaid managed care plans. Now, HealthRite wants to offer a new silver-level plan.

Questions

- What will the user screen look like for HealthRite?
- How will HealthRite submit data on its new Silver plan to the exchange so that the Exchange can evaluate it?
- What will HealthRite have to submit so that the Exchange can adequately factor in premium and cost share subsidy information in the plan shopping experience when a subscriber qualifies for them?
- How will HealthRite submit quality data on its existing plans to the Exchange?
- What tools will be available to enable HealthRite to verify enrollment of customers in its Exchange plans and Medicaid managed care products?
- How will HealthRite receive enrollment and subsidy information from the Exchange for individuals and families that purchased through the Exchange?
- What security controls will be placed on HealthRite's access to its account?
- How will HealthRite submit data needed by the Exchange to monitor insurance premium increases? What about data needed to administer risk adjustment?
- How will billing, premium, and subsidy information be shown to HealthRite?
- How does HealthRite address/view renewal and change in circumstance information?

The Exchange recommends that Offerors treat the questions as a guide to the kinds of functionality the Exchange is looking for Offerors to illustrate during the oral presentation. Offerors are not obligated to answer all of them, nor are Offerors limited to addressing only the questions above.

NOTE: The Exchange reserves the right to update this attachment with additional details / scenarios prior to the proposal due date of 19 December. Any additions revisions will be posted on the eMM website and included in any addenda that follow.